PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: Mail

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590

26211

Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450

Note: A certificate of mailing can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing or

Certificate of Mailing or Transmission
I hereby certify that this Fee(s) Transmittal is being deposited with the
United States Postal Service with sufficient postage for first class mail

Alexandria, Virginia 22 or <u>Fax</u> (571) 273-2885

transmission.

INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks I through 4 should be completed where appropriate, all further correspondence including the Patent, advance orders and notification of maintenance fees will be notified the current correspondence address as indicated unless corrected below or directed otherwise in Block I, by (a) specifying a new correspondence address, and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

08/05/2010

| FISH & RICHARDSON P.C. P.O. Box 1022 | | | | in an envelope addressed to the Mail Stop ISSUE FEE address above, or being facsimile transmitted to the USPTO, on the date indicated below | | |
|---|--|---|---|--|---|---|
| Minneapolis, MN 55440-1022 | | | | (Depositor's name) | | |
| | | | | | | (Signature) |
| | | | | | | (Date) |
| APPLICATION NO. | FILING DATE | | | D INVENTOR | ATTORNEY DOCKET NO. | CONFIRMATION NO. |
| 09/731,899 12/08/2000 | | Benjam | Benjamin Chain 27580-0004001 1183 | | 1183 | |
| THE OF INVENTION: CHIMERIC PEPTIDES AS IMMUNOGENS, ANTIBODIES THERETO, AND METHODS FOR IMMUNIZATION USING CHIMERIC PEPTIDES OR ANTIBODIES | | | | | | |
| APPLN. TYPE | SMALL ENTITY | ISSUE FEE | | PUBLICATION FEE | TOTAL FEE(S) DUE | DATE DUE |
| nonprovisional | YES | \$755 | | \$300 | \$1055 | 11/05/2010 |
| EXAMINER | | ART UNIT | | CLASS-SUBCLASS | | |
| SWARTZ, RODNEY P. | | 16 | 45 | 424-185100 | • | |
| 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). | | | For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single | | | |
| Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. | | | firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent | | | |
| "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required. | | | attorneys or agents. If no name is listed, no name will be printed. | | | |
| 3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type) PLEASE NOTE theles an assigner is identified below, no assigned that will paper on the pattern, Indusion of assigned data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment. (A) NAME OF ASSIGNEE. | | | | | | |
| Intellect Neurosciences, Inc. New York, NY | | | | | | |
| Please check the appropriate assignee category or categories (will not be printed on the patent): [] individual [X] corporation or other private group entity [] government | | | | | | |
| 4a. The following fee(s) are enclosed: [X] Issue Fee [X] Publication Fee (No small entity discount permitted) [] Advance Order - # of Copies | | | db. Payment of Fee(s): A check in the amount of the fee(s) is enclosed. Payment by credit card. Form PTO-2038 is attached. Payment by credit card. Form PTO-2038 is attached. X The Director is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number "DG-1050" (enclose an extra copy of this form). | | | |
| | (from status indicated above) 4ALL ENTITY status. See 37 | CFR 1.27. | []b. App | olicant is no longer claiming Sl | MALL ENTITY status. See 37 (| CFR 1.27(g)(2). |
| The Director of the USPTO NOTE: The issue Fee and P shown by the records of the | is requested to apply the Issue ublication Fee (if required) wi Untied States Patent and Trade | Fee and Publics Il not be accepte mark Office. | ition Fee (if an d from anyone | y) or to re-apply any previously other than the applicant, a reg | paid issue fee to the application istered agent or, or the assignee of | identified above. or other party in interest as |
| (Authorized Signature) /Mitchell Bernstein, Reg. No. 46,550 | | | 50/ | (Date) November 5, 2010 | | |
| Typed or Printed Name Mitchell Bernstein | | | | Registration No. | 46,550 | |
| This collection of informatic an application. Confidential submitting the completed ap form and/or suggestions for 1450, Alexandria, Virginia 22313- Alexandria, Virginia 22313- | in is required by 37 CFR 1.311 ity is governed by 35 U.S.C. 1: plication form to the USPTO. reducing this burden, should be 2313-1450. DO NOT SEND F 1450. | . The information 22 and 37 CFR Time will vary of esent to the Chites OR COMI | on is required to 1.14. This colle depending upon ef Information PLETED FOR | o obtain or retain a benefit by t ection is estimated to take 12 m i the individual case. Any com Officer, U.S. Patent and Trade MS TO THIS ADDRESS. SEN | he public which is to file (and by inutes to complete, including ga ments on the amount of time you mark Office, U.S. Department o ID TO: Commissioner for Patent | the USPTO to process) thering, preparing, and require to complete this f Commerce, P.O. Box s, P.O. Box 1450, |

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.